

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/936133

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	/		/			
4	/		/			
5		4		/		
6		4		/		
7		0		/		
8		0		/		
9		0		/		
10		0		/		
11		0		/		
12		0		/		
13		0		/		
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15		0		/		
16		0		/		
17		0		/		
18		0		/		
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20		0		/		
21		0		/		
22		0		/		
23	/		/			
24		/		/		
25		/		/		
26	/		/			
27		4		/		
28	/		/			
29	/		/			
30		4		/		
31		4		/		
32		4		/		
33		0		/		
34		0		/		
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37		/		/		
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41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	11		11			
TOTAL DEP.	50		54			
TOTAL CLAIMS	61		65			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS